

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)								FEE CALC NO 00000000000000000000000000000000		FILING DATE				
9-31-01 CLAIMS														
CLAIM NO.	AS FILED		AFTER 1 MONTH		AFTER 2 MONTHS				EKO.	OCP.	EKO.	OCP.	EKO.	OCP.
	EKO.	OCP.	EKO.	OCP.	EKO.	OCP.	EKO.	OCP.						
1					1				61					
2									62					
3									63					
4									64					
5									65					
6									66					
7									67					
8									68					
9									69					
10					1				70					
11									71					
12									72					
13					1				73					
14									74					
15									75					
16									76					
17									77					
18									78					
19									79					
20									80					
21									81					
22									82					
23					1				83					
24									84					
25									85					
26									86					
27									87					
28									88					
29									89					
30									90					
31									91					
32									92					
33									93					
34									94					
35									95					
36									96					
37									97					
38									98					
39									99					
40									100					
41														
42														
43														
44														
45														
46														
47														
48														
49														
50														
TOTAL EKO									TOTAL EKO					
TOTAL OCP									TOTAL OCP					
TOTAL									TOTAL					